

RECEIVED  
CENTRAL FAX CENTER

001

AUG 17 2005

SCHERING-PLough CORPORATION  
LAW DEPARTMENT  
2000 GALLOPING HILL ROAD  
K-6-1, MAIL STOP 1990  
KENILWORTH, NEW JERSEY 07033  
(908) 298-4000

## FACSIMILE TRANSMITTAL SHEET

|                                    |                 |
|------------------------------------|-----------------|
| TO:                                | FAX NUMBER:     |
| Examiner: Celia C. Chang<br>USPTO  | (703) 872-9306  |
| FROM:                              | PHONE NUMBER:   |
| Krishna G. Banerjee                | (908) 298-2135  |
| TOTAL NO. OF PAGES INCLUDING COVER | DATE            |
| 9                                  | August 17, 2005 |

**CONFIDENTIALITY NOTE:** This sheet and/or the document(s) accompanying it contain information belonging to Schering-Plough Corporation and/or its affiliates which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named above. If you have received this fax in error, please immediately notify us by telephone. If there is a problem with this transmission please call Ashly Armstrong at (908) 298-4025.

NOTES/COMMENTS:

## PLEASE HAND DELIVER

In re Application of: A. Palani  
For Patent entitled: "Piperidine Derivatives Useful as CCR5 Antagonists"  
Group Art Unit: 1625  
Filed: 07/29/2003  
Attorney Docket No.: IN01481KC  
Serial No.: 10/628,933

Dear Examiner Chang,

Transmitted herewith are:

- Fax Cover Sheet - 1pg.
- Response Transmittal - 1pg.
- Extension of Time Request (1 month) - 1pg. in duplicate
- Response - 4pgs.
- Copy of IN01481K Decl. of Exp. Aband. - 1pg.

*Krishna G. Banerjee*  
Krishna G. Banerjee  
Registered Representative  
Registration No. 43,317

RECEIVED  
OPIPE/IAP  
AUG 18 2005

PHONE: (908) 298-2135

FAX: (908) 298-5388

Express Mail Label No.

PTO/SB/21 (09-04)  
Approved for use through 07/31/2006, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/628,933      |
| Filing Date            | 07/29/2003      |
| First Named Inventor   | PALANI, Anandan |
| Art Unit               | 1625            |
| Examiner Name          | Celia C. Chang  |
| Attorney Docket Number | IN01481KC       |

## ENCLOSURES (Check all that apply)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br><input type="checkbox"/> Fax Cover Sheet - 1pg.; Copy of IN01484K Decl. of Exp. Aband. - 1pg.<br><input type="checkbox"/> Landscape Table on CD |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)                       | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____  |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Remarks  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   |   |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                    |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                     |          |        |
|--------------|---------------------|----------|--------|
| Firm Name    | Customer No. 24265  |          |        |
| Signature    |                     |          |        |
| Printed name | KRISHNA G. BANERJEE |          |        |
| Date         | 08/17/2005          | Reg. No. | 43,317 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Krishna G. Banerjee

Typed or printed name

KRISHNA G. BANERJEE

Date 08/17/2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.